IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor
RICHARD M. ARMSTRONG – Director

DEBBY RANSOM, R.N., R.H.I.T – Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, Idaho 83720-0036
PHONE: (208) 334-6626
FAX: (208) 364-1888
E-mail: fsb@dhw.idaho.gov

February 18, 2010

Mr. Torrey Bollinger, Administrator
Preferred Community Homes-- Elk Run
7091 West Emerald Street
Boise, Idaho 83704

RE: Preferred Community Homes-- Elk Run, Provider #13G041

Dear Mr. Bollinger:

This is to advise you of the findings of the Medicaid/Licensure Fire Life Safety Survey, which was concluded at Preferred Community Homes-- Elk Run, on February 9, 2010.

Enclosed is a Statement of Deficiencies/Plan of Correction, Form CMS-2567, listing Medicaid deficiencies and a similar form listing State licensure deficiencies. In the spaces provided on the right side of each sheet, please provide a Plan of Correction. **It is important that your Plan of Correction address each deficiency in the following manner:**

1. What corrective action(s) will be accomplished for those individuals found to have been affected by the deficient practice;

2. How you will identify other individuals having the potential to be affected by the same deficient practice and what corrective action(s) will be taken;

3. What measures will be put in place or what systemic change you will make to ensure that the deficient practice does not recur;

4. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; and,

5. Include dates when corrective action will be completed. 42 CFR 488.28 states ordinarily a provider is expected to take the steps needed to achieve compliance

within 60 days of being notified of the deficiencies. Please keep this in mind when preparing your plan of correction. For corrective actions which require construction, competitive bidding, or other issues beyond the control of the facility, additional time may be granted.

Sign and date the form(s) in the space provided at the bottom of the first page.

After you have completed your Plan of Correction, return the original to this office by **March 3, 2010**, and keep a copy for your records.

Thank you for the courtesies extended to us during our visit. If you have any questions, please call or write this office at (208) 334-6626.

Sincerely,

TOM MROZ
Health Facility Surveyor
Fire Life Safety & Construction Program

TM/lj

Enclosure

Printed: 02/11/2010
FORM APPROVED
OMB NO. 0938-0391

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	13G041	A. BUILDING 02 B. WING _____	02/09/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PREFERRED COMMUNITY HOMES - ELK RUN	2273 S. GULL COVE PLACE MERIDIAN, ID 83642

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	INITIAL COMMENTS The facility is a single story, Type V(000) , residential building. The building is protected throughout except in the garage and attic by a NFPA 13 D fire sprinkler system with quick response sprinkler heads. There is a complete fire alarm/smoke detection system. The facility was built in January of 1996. Currently it is licensed for 8 ICF/MR beds. The following deficiencies were cited at the above facility during the annual Fire/Life Safety survey conducted on February 9, 2009. The facility was surveyed under the LIFE SAFETY CODE, 2000 Edition, Chapter 33, Existing Residential Board & Care Occupancies, Impractical Evacuation Capability in accordance with 42 CFR 483.470 (j). The Survey was conducted by: Tom Mroz CFI-II Health Facility Surveyor Fire/Life Safety and Construction	K 000	"Preparation and implementation of this plan of correction does not constitute admission or agreement by Elk Run with the facts, findings or other statements as alleged by the state agency dated February 9, 2010. Submission of this plan of correction is required by law and does not evidence the truth of any or some of the findings as stated by the survey agency. Elk Run – Preferred Community Homes, specifically reserves the right to move to strike or exclude this document as evidence in any civil, criminal or administrative action." RECEIVED MAR 03 2010 FACILITY STANDARDS	
K0046	483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Utilities comply with Section 9.1. 32.2.5.1, 33.2.5.1 This Standard is not met as evidenced by: Based on observation, the facility failed to ensure the electric breakers in the distribution panel were accessible. The deficient practice would affect 6	K0046		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE: Administrator | (X6) DATE: 3/3/10

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

Printed: 02/11/2010
FORM APPROVED
OMB NO. 0938-0391

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	13G041	A. BUILDING 02 B. WING _____	02/09/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PREFERRED COMMUNITY HOMES - ELK RUN	2273 S. GULL COVE PLACE MERIDIAN, ID 83642

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K0046	Continued From page 1 residents in one of one smoke compartments. The facility has the capacity for 8 licensed beds with a census of 6 on the day of the survey. Findings include: During observation of the electric breaker panel located in the laundry room on February 9, 2010 between 9:45 A.M. and 10:45 A.M., the facility failed to ensure that the door to the electric breaker panel could be opened. The panel door could not be opened by facility staff or the surveyor. The finding was acknowledged by an Administrator at the exit interview on February 10, 2010.	K0046	**K0046 483.470(j)(1)(i) LIFE SAFETY CODE STANDARD** The electrical breaker panel has been repaired and is now accessible. Maintenance will check the panel on a monthly basis to ensure that it is accessible. Person Responsible: Maintenance Completion Date: 2/11/10 Monitoring: Monthly	

PRINTED: 02/11/2010
FORM APPROVED

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	13G041	A. BUILDING 02 B. WING	02/09/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PREFERRED COMMUNITY HOMES - ELK RUN	2273 S. GULL COVE PLACE MERIDIAN, ID 83642

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M 000	16.03.11 Inital Comments The facility is a single story, Type V(000), residential building. The building is protected throughout except in the garage and attic by a NFPA 13 D fire sprinkler system with quick response sprinkler heads. There is a complete fire alarm/smoke detection system. The facility was built in January of 1996. Currently it is licensed for 8 ICF/MR beds. The following deficiencies were cited at the above facility during the annual Fire/Life Safety survey conducted on February 9, 2010. The facility was surveyed in accordance with IDAPA 16.03.11. The Survey was conducted by: Tom Mroz CFI-II Health Facility Surveyor Fire/Life Safety and Construction	M 000	RECEIVED MAR 03 2010 FACILITY STANDARDS	
MM309	16.03.11.110 Fire and Life Safety Standards Buildings on the premises used as facilities must meet all the requirements of local, state and national codes concerning fire and life safety standards that are applicable to ICF/MR facilities. This Rule is not met as evidenced by: Refer to federal deficiency K046, utilities, listed on the CMS 2567 form.	MM309	**MM309 16.03.11.110 FIRE AND LIFE SAFETY STANDARDS** Refer to K046	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Administrator 3/3/10

STATE FORM 021199 CUNR21 If continuation sheet 1 of 1